



**Alameda County Sheriff's Office**  
Gregory J. Ahern, Sheriff / Coroner  
Coroner's Bureau, 2901 Peralta Oaks Ct, Oakland, CA 94605  
(510) 382-3000 / (510) 382-3033 (fax)

**Coroner Investigator's Report**

<b>CALL INFO</b>	NAME OF DECEASED (LAST, FIRST MIDDLE) <b>AGUILAR, Nestor Zarsuela</b>				TENTATIVE ID <input type="checkbox"/>		UNIDENTIFIED <input type="checkbox"/>		CASE NUMBER <b>2017-01400</b>					
	REPORTED BY <b>L. Shippey</b>		REPORTED BY PHONE NO. <b>(510) 437-4800</b>		REPORTING AGENCY <b>Alameda Health System - Highland Hospit</b>				REFERENCE NUMBER					
	INVESTIGATOR <b>Rebecca Lorenzana</b>		CALL DATE AND TIME <b>4/29/2017 16:10</b>		CASE TYPE <b>Removal Case</b>									
	DATE AND TIME OF DEATH <b>4/29/2017 15:36</b>		DATE OF BIRTH <b>10/9/1953</b>		AGE <b>63 Years</b>		GENDER <b>Male</b>		RACE <b>Filipino</b>		MARITAL STATUS <b>Never Married</b>		VET? <input type="checkbox"/>	
<b>DECEDENT</b>	HGT <b>60</b>		WGT <b>155</b>		EYE COLOR <b>Brown</b>		HAIR COLOR <b>Black</b>		OCCUPATION <b>Certified Nursing Assistant</b>				EMPLOYER	
	<b>Preliminary Summary</b>													
<b>DEATH</b>	LOCATION OF DEATH <b>Alameda Health System - Highland Hospital</b>										LOD TYPE <b>Hospital - IP</b>			
	ADDRESS (STREET, CITY, STATE, ZIP) <b>1411 E. 31 St Street Oakland CA 94602</b>										COUNTY <b>Alameda</b>			
	Manner <b>Natural</b>				Death Certificate Signed By: <b>E. Bordi, Deputy Coroner</b>									
	Cause A		<b>Hypoxic encephalopathy and diffuse organ failure</b>								Interval		Days	
	Cause B		<b>Cardiac arrest</b>								Interval		Days	
	Cause C		<b>Acute pulmonary embolism</b>								Interval		Days	
	Cause D										Interval			
Other Significant Conditions		Clinical history of psychiatric illness.												
<b>NOTIFICATION</b>	LEGAL NEXT OF KIN <div style="background-color: black; width: 100px; height: 20px;"></div>				RELATIONSHIP <div style="background-color: black; width: 100px; height: 20px;"></div>				TELEPHONE NO. <div style="background-color: black; width: 100px; height: 20px;"></div>					
	NOTIFIED BY				METHOD				DATE AND TIME					
	IDENTIFICATION METHOD <b>Personal Identification</b>				DATE AND TIME									
<b>INCIDENT</b>	LOCATION OF INCIDENT										AT WORK <input type="checkbox"/>			
	ADDRESS (STREET, CITY, STATE, ZIP)										COUNTY		DATE AND TIME OF INCIDENT	
	INVESTIGATING AGENCY <b>Alameda County Sheriff's Office-ETS</b>				INV AGENCY PHONE NUMBER <b>(510) 667-3646</b>				OFFICER					
<b>DISP</b>	FUNERAL HOME <b>Oceanview Cremations</b>								BODY RELEASED TO FUNERAL HOME ON <b>5/3/2017 14:04</b>					
	Full Autopsy <input checked="" type="checkbox"/> Partial Autopsy <input type="checkbox"/> Inspection <input type="checkbox"/> Record Review <input type="checkbox"/> Inspection w/Specimen <input type="checkbox"/>								EXAM BY <b>Paul W. Herrmann</b>					



1

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### Investigator Narrative

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**Decedent:** AGUILAR, Nestor  
**Case Number:** 2017-01400  
**Investigator:** Rebecca Lorenzana

#### **First Call Information:**

On Saturday, April 29, 2017, about 1610 hours, Dr. L. Shippey of Alameda Health Systems-Highland Hospital called and reported the undetermined manner of death of a 63 year old male, Nestor Aguilar. Aguilar was transported to the hospital from Santa Rita Jail on Monday, April 24, 2017, by Alameda County Sheriff's Deputies in a transport van. Upon arrival to the emergency room, Aguilar was unresponsive in the rear passenger area of the van. Medical personnel were summoned and they were able to resuscitate Aguilar. Aguilar was later transferred to the ICU where his condition continued to deteriorate and he was pronounced deceased today, April 29, 2017, at 1536 hours.

Dr. Shippey said Aguilar had no significant medical history (Hypertension, Diabetes, and schizoaffective disorder) to explain his death and felt the injuries Aguilar sustained were questionable. However, a CT scan of his head showed no intracranial trauma. Dr. Shippey added Aguilar's toxicology results upon admission were negative. Aguilar's next of kin were notified of his death by Dr. Shippey. (RL1702)

#### **Medical Summary:**

According to Aguilar's sister [REDACTED] Aguilar had a medical history of [REDACTED]. [REDACTED] Aguilar was medicated for his conditions. [REDACTED] did not know the names of the medications.

According to medical records dated April 14, 2017, that I obtained from Santa Rita Jail-California Forensic Medical Group (CFMG), Aguilar had [REDACTED]. Some allergies to medications included [REDACTED].

Aguilar's social history included [REDACTED] and [REDACTED].

Aguilar had a mental diagnosis of [REDACTED]. Per Aguilar, [REDACTED].

On April 16, 2017, Aguilar was [REDACTED] sent to Highland Hospital to be medically cleared due to [REDACTED].

A chest x-ray showed [REDACTED]. There were no infiltrates, effusions, or pneumothorax seen.



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On April 24, 2017, 1619 hours, it was noted Aguilar was evaluated by CFMG and he was extremely lethargic with unlabored breathing. Aguilar followed simple commands but was unable to get up or sit up. Aguilar would not eat or drink by himself. Aguilar had refused his medication for 2 days and was incontinent. Arrangements to transport Aguilar to Highland for treatment of altered consciousness and uncontrolled schizophrenia were made. (RL1702)

**Description of the Death/ Injury Scene:**

Aguilar was pronounced deceased in the Highland Hospital Intensive Care Unit, room 5509, located at 1411 E. 31<sup>st</sup> Street, Oakland CA, 94602. (RL1702)

**Body Identification:**

Aguilar was personally identified as Nestor Aguilar at the hospital by his sister, [REDACTED]

I compared Aguilar to the photograph associated with the Consolidated Records Information Management System (CRIMS) issued to Person File Number [REDACTED] Nestor Aguilar. The photograph and physical descriptors were a match to the decedent. (RL1702)

On May 3, 2017, I (Meldrum) received a fax from the Alameda County Sheriff's Office Central Identification Bureau (CIB). A comparison was made between the decedent's fingerprints and the fingerprints associated with PFN (Person File Number) [REDACTED] and name Nestor Aguilar (DOB: 10/09/1953). The fingerprints were identified to have been made by the same subject. (MMM1859)

**Next of Kin Investigation:**

Aguilar was never married and had no children. Aguilar's legal next of kin was his mother, [REDACTED]. [REDACTED] was notified of Aguilar's death by [REDACTED]. [REDACTED] was elderly and in poor health, so [REDACTED] was authorized to handle Aguilar's arrangements. I explained the Coroner's Bureau involvement and the need to contact a mortuary to [REDACTED] and she said she understood. (RL1702)

**Other Agency Reports:**

There were no other agency reports associated with this case. (RL1702)

**Property and Evidence:**

Coroner's receipt # 38019 was issued for Aguilar and hospital specimens by Deputy Mendiola. Aguilar had no belongings with him at the hospital or at Santa Rita Jail. (RL1702)



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**Coroners Fees:**

Removal and body preparation fees of \$400 applied to this case. On May 3, 2017, the fees were paid in full by Cooper's Mortuary. Sheriff's Technician S. Chun issued Accounting receipt 8538 to document the payment. A copy of the receipt was added to the case file. (RL1702)

**Investigative Details:**

On Saturday, April 29, 2017, about 1730 hours, Sergeant R. Macintire notified Lieutenant D. Vandagriff and Captain Hesselein of Aguilar's death.

About 1800 hours, I spoke with Lieutenant L. Delbridge from Santa Rita Jail and confirmed he had been notified of Aguilar's death. (RL1702)

Aguilar was housed alone during his stay at the Santa Rita Jail. There was no possibility that he could have been assaulted by another inmate.

When Aguilar was arrested on April 12, 2017, the arresting Deputy utilized a full body restraint (WRAP) to move Aguilar because Aguilar became uncooperative by making his body limp and refused to walk on his own. There was no force used to put Aguilar in the wrap. Aguilar sustained no injuries. Aguilar was transported to Santa Rita Jail and booked.

I compared Aguilar to his booking photograph to see if there was any trauma in the photo and saw none. The trauma reported by Dr. Shippey appeared superficial and not significant. The reported laceration on his lip was not present. There were superficial abrasions to his face but they appeared old as they were scabbed. There was scabbing to his left knuckles that also appeared old. Some of the scabs had peeled and showed different layers of healing. I saw no evidence of obvious significant trauma to Aguilar. (RL1702)

On Saturday, April 29, 2017, about 1935 hours, Deputy J. Mendiola and M. Cardoza arrived at the Highland Hospital morgue to complete the removal of Aguilar. Aguilar was in the morgue, supine on a hospital gurney. Deputy Mendiola took photos of Aguilar to document his condition. Aguilar wore a hospital gown and medical therapy was in place. Aguilar was cold to the touch. Livor mortis was present and consistent with his supine position. Rigor mortis was present in the extremities. There was no significant trauma seen. Aguilar had old scratches to his hands, leg and face. Medical records and blood specimens were collected and Aguilar was moved to the Coroner's Van without incident.

On Sunday, April 30, 0135 hours, Deputy Mendiola and Cardoza arrived to the Coroner's Bureau and processed Aguilar into the morgue, which included intake photos. The photos were later downloaded onto a disk and added to the case file. Aguilar was measured at 60 inches tall and weighed 155lbs. Aguilar had black hair and brown eyes. (RL1702)

On May 1, 2017, Coroner's Pathologist, P. Herrmann performed a complete autopsy on Aguilar. Aguilar's cause of death was deferred for histology and toxicology results. (RL1702)



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On May 8, 2017, Central Valley Toxicology, Inc. performed a complete drug screen on Aguilar's blood obtained from the hospital. The screen revealed no common acidic, neutral or basic drugs detected. There was no ethyl alcohol detected. (RL1702)

On June 27, 2017, Dr. Herrmann listed Aguilar's cause of death to be due to Hypoxic Encephalopathy and diffuse organ failure due to cardiac arrest, due to acute pulmonary embolism. Another significant condition listed was clinical history of psychiatric illness. (RL1702)

On July 3, 2017, Dr. Herrmann performed a histological examination on Aguilar's lungs, larynx, and brain. In summary, the lung showed [REDACTED] The larynx showed [REDACTED] The brain showed [REDACTED] The report was added to the case file. (RL1702)

**Findings:**

On August 4, 2017, I reviewed this case to determine a manner in Aguilar's death and to prepare this case for closure. Upon review of the case file, I determined Aguilar's manner of death was natural. The toxicology test, histological examination, and autopsy results all showed Aguilar died of natural causes. The trauma that was seen on Aguilar was not related to his death and was most probably self inflicted, as there was documentation that indicated Aguilar was witnessed to recently bang his head at a previous hospital visit. (RL1702)

**Supervisor Review:**

On Saturday, August 5, 2017, I (Sgt. Gonzalgo) reviewed this case and found it to be complete. I concur with the findings and approve this case for closure. (NLG5228)

# Alameda County Sheriff's Office

Coroner's Bureau  
2901 Peralta Oaks Court, 2<sup>nd</sup> Floor, Oakland, CA 94605-5319



**Gregory J. Ahern, Sheriff**

Director of Emergency Services  
Coroner - Marshal

## M E M O R A N D U M

DATE: May 1, 2017  
FROM: Paul W. Herrmann, M.D.  
TO: Case File 2017-01400  
SUBJECT: AUTOPSY PROTOCOL

Autopsy performed upon the body of Nestor Z. Aguilar at the Coroner's Bureau, 2901 Peralta Oaks Court, Oakland, California, on May 1, 2017, at 9:10 a.m.

### AUTOPSY FINDINGS

- 1) ALTERED BLOOD PRESENT THROUGHOUT THE ENTIRE LENGTH OF THE LARGE INTESTINE, NONE IS PRESENT IN THE STOMACH OR SMALL INTESTINE.
- 2) PALLOR OF THE BRAIN AND KIDNEYS.
- 3) CARDIOMEGALY WITH LEFT VENTRICULAR HYPERTROPHY (470 GRAMS).
- 4) MARKED CONGESTION OF THE LUNGS WITH AREAS OF CONSOLIDATION IN THE RIGHT LUNG AND WHAT APPEARS TO BE AN INFARCT IN THE LOWER LOBE OF THE LEFT LUNG.
- 5) TINY THROMBI SEEN IN THE PULMONARY PARENCHYMA, FOCAL, RIGHT LUNG.
- 6) SMALL, OLD LESION IN THE RIGHT HEMISPHERE OF THE BRAIN NEAR THE BASAL GANGLIA.
- 7) HOSPITAL BLOOD SAMPLE: NO DRUGS DETECTED.
- 8) CLINICAL HISTORY OF HYPERTENSION, DIABETES MELLITUS, AND SCHIZOAFFECTIVE DISORDER.
- 9) HOSPITAL TOXICOLOGY TESTING 04/24/2017: NEGATIVE.

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Body of NESTOR Z. AGUILAR

- 10) BLOOD GLUCOSE: 198 MG/DL; URINE GLUCOSE: NEGATIVE, ON  
HOSPITAL ADMISSION 04/24/2017.
- 11) CT ANGIOGRAPHY IN HOSPITAL 04/24/2017: PULMONARY  
EMBOLUS, RIGHT LOWER LUNG LOBE.

CAUSE OF DEATH: HYPOXIC ENCEPHALOPATHY AND DIFFUSE ORGAN FAILURE  
DUE TO CARDIAC ARREST DUE TO ACUTE PULMONARY  
EMBOLISM.

Other condition: CLINICAL HISTORY OF  
PSYCHIATRIC ILLNESS.



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Body of NESTOR Z. AGUILAR

EXTERNAL EXAMINATION

The body is that of a well-developed adult male appearing consistent with the stated age of 63 years, weighing 155 pounds and measuring 60 inches. The hair is black-gray and is cut quite short. There is a black-gray mustache and goatee. The irides are brown. Very slight arcus senilis is present. There is complete rigidity of the neck, no rigidity of the jaw, and complete rigidity of the extremities. Purple lividity is present on the back.

There is the following evidence of MEDICAL TREATMENT:

- 1) A protective gauze pad is in place over the sacral area.
- 2) Multiple EKG pads are adherent to the anterior torso.
- 3) A hospital-type identification band is present on the left wrist.
- 4) A bandage covers multiple needle punctures in the left antecubital fossa.
- 5) A bandage covers several needle punctures on the dorsum of the left hand.
- 6) A hospital-type identification band is present on the right wrist.
- 7) A Foley catheter is present in the penis. It is attached to a urine collection bag that contains some urine.



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Alameda County

Body of NESTOR Z. AGUILAR

23           8) An intracath is taped in place on left side of neck.

24           Paper bags cover the hands and wrists. When the bag is  
25 removed from the left hand, the fingernails are seen to be of  
26 moderate length and they are clean. There is some healing  
27 trauma present on the dorsum of the left hand. When the bag is  
28 removed from the right hand, the fingernails are of moderate  
29 length and they are clean.

30           Received with the body is a plastic bag containing two  
31 vials of hospital-drawn blood, each dated "04/24/17."

32           There is the following evidence of BLUNT TRAUMA:

33           Several healing abrasions are present on the right side of  
34 the face. One of these is present just above the lateral right  
35 eyebrow. It measures  $3/8 \times 1/8$  inch. Just above the eyebrow  
36 another area of healing abrasion measures  $1/2 \times 1/4$  inch. Above  
37 the medial eyebrow by 1 inch, there is a healing abrasion  
38 measuring  $5/8 \times 1/4$  inch. Within the left eyebrow laterally  
39 there is a  $1/2 \times 1/8$  inch healing abrasion. One inch lateral to  
40 the outer canthus of the left eye there is a vertical abrasion  
41 measuring  $3/4 \times 1/8$  inch. At  $3/4$  inch above the left lateral  
42 eyebrow there is a healing abrasion  $1/2 \times 1/8$  inch.

43           The right upper extremity shows no evidence of recent  
44 trauma and none is seen on the right hand.

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Body of NESTOR Z. AGUILAR

45           There is no evidence of trauma to the neck.

46           The chest shows no evidence of trauma. The abdomen shows a  
47 very faint ecchymosis in the right lower quadrant measuring  
48 1/2-inch in diameter and below that a 1/4 inch very faint  
49 ecchymosis is seen. In the left upper quadrant of the abdomen  
50 there are three very superficial scratch-type healing abrasions  
51 each measuring 3/16 inch in length. The left lateral abdomen  
52 shows a very faint ecchymosis measuring 1/2 inch in diameter.  
53 There is some suggestion of a needle puncture mark within this  
54 one and the two on the right side of the abdomen as well.

55           There are what appear to be healing needle punctures in the  
56 left groin. On the medial aspect of the left knee there is a  
57 group of superficial abrasions healing abrasion within an area  
58 4-1/4 inches vertically by 1-3/4 inches transversely. These  
59 involve the epidermis only. A healing abrasion overlying the  
60 medial malleolus of the left ankle measures 1/4 inch in  
61 diameter.

62           The left upper extremity shows an ecchymosis 4 inches below  
63 the left anterior axilla which measures 3/4 inch in diameter.  
64 There are two very superficial healing abrasions just above the  
65 left ulnar styloid each measuring 1/4 inch in length. The  
66 dorsum of the left hand shows healing needle punctures, as

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Alameda County

Body of NESTOR Z. AGUILAR

67 previously described. There is a healing, somewhat scarred  
68 abrasion at the base of the dorsal left index finger that  
69 measures  $1/2 \times 1/4$  inch. There is a healing lesion on the  
70 lateral aspect of the middle phalanx of the left index finger  
71 measuring  $1/2 \times 3/4$  inch in length. These are quite old  
72 lesions. There is a healing abrasion overlying the proximal  
73 interphalangeal joint of the long finger and the ring finger  
74 each measuring  $1/4$  inch in diameter. It shows scarring around  
75 its edges, and the same is true of the proximal interphalangeal  
76 joint of the little finger. Each of these lesions measure  
77 slightly more than  $1/4$ -inch in size.

78 The right lower extremity shows two healing abrasions  
79 lateral to the knee one measuring  $1/2$  and the other  $3/8$  inch in  
80 size. A healed, somewhat scarred abrasion is present in the  
81 pretibial area of the leg measuring 1 inch in length.

82 There is a group of healing abrasions on the dorsum of the  
83 left shoulder in an area approximately  $4-1/2$  inches in greatest  
84 dimensions. These are very superficial scratch-type abrasions.

85 INTERNAL EXAMINATION

86 Y-SHAPED THORACOABDOMINAL AND INTERMASTOIDAL INCISIONS are  
87 made.

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Body of NESTOR Z. AGUILAR

88 HEAD: There is no evidence of trauma to the scalp. The  
89 subcutaneous tissue, galea and skull are unremarkable. The  
90 meninges show no abnormalities. The areas of the scalp beneath  
91 the abrasions on the face do not show any contusion. The  
92 external surface of the brain shows marked pallor and the gyri  
93 are slightly flattened. The unci are slightly grooved. The  
94 brain weighs 1300 grams. Cut sections of the brain show no  
95 abnormalities except for diffuse pallor and one area just  
96 inferior to the right basal ganglia. This is a small somewhat  
97 cystic area, measuring approximately 1/4 inch in diameter, with  
98 brown discoloration of its edges. This may be an old area of  
99 infarction. I doubt that it is an old area of trauma. The  
100 remainder of the brain, the midbrain and the medullae show no  
101 abnormalities. The cerebellum is unremarkable. The base of the  
102 skull is unremarkable. The vessels of the base of the brain  
103 show no abnormalities.

104 NECK ORGANS: The soft tissues of the neck and the cervical  
105 spine are unremarkable. The laryngeal and tracheal cartilages  
106 and hyoid bone are intact. The airway shows marked edema of the  
107 aryepiglottic folds and the inferior aspect of the epiglottis is  
108 also markedly edematous. There is an endotracheal tube in its  
109 proper position. The thyroid gland is slightly nodular but

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Alameda County

Body of NESTOR Z. AGUILAR

110 shows no other abnormalities.

111 CHEST: There are fractures of the right #3-6 ribs  
112 anterolaterally and on the left side the third, fourth and fifth  
113 ribs are fractured anterolaterally with very little evidence of  
114 hemorrhage. The sternum is also fractured in the lower portion  
115 without evidence of hemorrhage. These changes are consistent  
116 with cardiopulmonary resuscitation. There is no free fluid in  
117 the pleural cavities. The lungs fill the pleural spaces.

118 LUNGS: The left lung weighs 500 grams. The right lung  
119 weighs 750 grams. The left lung is markedly congested on cut  
120 section. The right lung is markedly congested as well but there  
121 are areas suggesting consolidation in the lower lobe and the  
122 right upper lobe and in the left lower lobe there is an area of  
123 hemorrhagic change which suggests an infarct just above the  
124 diaphragmatic portion. This area measures approximately 3-1/2  
125 inches in greatest dimensions. The pulmonary arteries and  
126 bronchi show no abnormalities. There are no pulmonary emboli in  
127 the major vessels. In the right lung, however, on cut section  
128 there are two small thrombi present within the pulmonary  
129 vasculature distally. These thrombi are slightly depigmented  
130 and measure no more than 1/4 inch in length and 1/8 inch in  
131 diameter.

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Alameda County

Body of NESTOR Z. AGUILAR

132           HEART: The pericardial sac contains a small amount of  
133 clear yellow fluid. The external surface of the heart shows  
134 left ventricular prominence. The heart weighs 470 grams. The  
135 coronary arteries on cut section show no atherosclerosis. The  
136 cardiac chambers and valves are unremarkable. The left  
137 ventricular wall is thickened measuring 18-19 mm, the right  
138 ventricle measures 4 mm. There is no evidence of any scarring.  
139 The foramen ovale is closed. The interventricular septum is  
140 unremarkable in appearance. The descending thoracic and  
141 abdominal aorta shows moderate atherosclerosis throughout its  
142 length.

143           ABDOMEN: The abdominal fat is 1-1/2 inches at the  
144 umbilicus. The organs are in their normal positions.

145           LIVER: The liver weighs 1900 grams. The capsular surface  
146 is smooth. The parenchyma on cut section shows a mild degree of  
147 chronic passive congestion. The gallbladder and extrahepatic  
148 ducts are unremarkable.

149           SPLEEN: The spleen weighs 200 grams. The capsule is  
150 smooth. The parenchyma is firm and congested.

151           PANCREAS: The pancreas is of normal size. It retains a  
152 lobular architecture.

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Alameda County

Body of NESTOR Z. AGUILAR

153           ADRENAL GLANDS: The adrenals are equal in size. The  
154 medullae are dull brown and there is some lipid depletion of the  
155 cortices.

156           GASTROINTESTINAL TRACT: The mucosa of the esophagus and  
157 stomach is unremarkable. The stomach contains approximately  
158 40 cc of mucoid fluid. There is no evidence of any hemorrhage  
159 in the stomach. The duodenum and small bowel show no  
160 abnormalities. There is no blood present in the small bowel.  
161 The cecum shows the presence of altered blood and altered blood  
162 is seen throughout the entire length of the large intestine all  
163 the way to within approximately 2 inches of the rectum. The  
164 bowel is opened and examined, and no evidence of a lesion is  
165 seen in the large bowel mucosa.

166           GENITOURINARY TRACT: The kidneys are equal in size  
167 weighing 180 grams each. The capsules strip with ease. The  
168 cortical surfaces are very granular with a number of small  
169 pitted scars. The parenchyma on cut section is slightly pale.  
170 The renal vessels, pelves and ureters are in their normal  
171 positions. The urinary bladder is empty. A Foley catheter is  
172 present in the bladder.

173           The prostate gland is of normal size. The testes are  
174 palpated in the scrotum. The penis is uncircumcised.



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Body of NESTOR Z. AGUILAR

175        The thoracic spine shows considerable osteoarthritis.

176

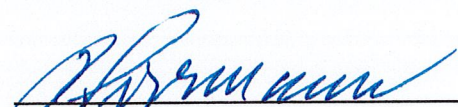
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\_\_\_\_\_  
Paul W. Herrmann, M.D.

**Case Name:**

Aguilar,

Nestor

**TOXICOLOGY NUMBER:**

CVT-17-4948

Hospital samples: 3 ml blood (2 vials) each labeled " Aguilar, Nestor; MR 130502560;  
DOB 10/09/1953; EMC; 522143858; 04/24/17; 2046 hrs"

**Specimen Description:**

**Delivered by** Tricor

**Date** 03-May-17

**Received by** Bill Posey

**Date** 03-May-17

**Request:** Complete Drug Screen

**Agency Case #** 2017-01400

**Requesting Agency**

Alameda Co. Coroner's Office  
Attn: Acct's Payable  
2901 Peralta Oaks Ct., 2nd Floor  
Oakland CA 94605

**Report To**

Alameda Co. Coroner's Office  
Attn: Dr. Herrmann  
2901 Peralta Oaks Ct., 2nd Floor  
Oakland CA 94605

**RESULTS**

Specimen: Hospital Blood (Gray Top Vial) Sample

Complete Drug Screen: No common acidic, neutral or basic drugs detected.  
No Ethyl Alcohol detected.

05/15/17  
B.Z.E. (MDPT)

B. L. Posey

May 08, 2017

**B.L. POSEY**  
**S.N. KIMBLE**  
**Directors**

1580 Tollhouse Road  
Clovis, California 93611  
Phone (559) 323-9940  
Fax (559) 323-7502

# Alameda County Sheriff's Office

Coroner's Bureau  
2901 Peralta Oaks Court, 2<sup>nd</sup> Floor, Oakland, CA 94605-5319



## Gregory J. Ahern, Sheriff

Director of Emergency Services  
Coroner - Marshal

CASE NUMBER: 2017-01400	CASE NAME: Nestor Z. Aguilar
PATHOLOGIST: Paul W. Herrmann, M.D.	HISTOLOGICAL EXAMINATION

LUNG: Many alveolar macrophages with a number of alveoli showing a few polys.

LARYNX: Submucosal edema and slight acute and chronic inflammation.

LUNG: A blood vessel shows a laminated blood clot which shows areas of fibroblastic proliferation within it. Near this blood clot some pneumonia can be seen within the parenchyma of the lung and a number of alveoli show intraalveolar fibrin.

LUNG: Scattered foci of acute pneumonia with acute bronchitis.

LARYNX: Edema.

BRAIN: Focal area of dissolution of the parenchyma with a number of iron-laden macrophages. Small blood vessels in this area show calcification within their walls and there is a prominent glial proliferation.

7/3/17 Paul W. Herrmann M.D.  
Date Signature

PWH/jkm  
D: 06/26/17  
T: 06/27/17